

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 631

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NRCC**

Full Name (Last, First, Middle Initial)

**A. DR. MIRIAM O. ADELSON**

Mailing Address 3355 LAS VEGAS BLVD. S.

City

LAS VEGAS

State

NV

Zip Code

89109-8941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADELSON DRUG CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226800.00

Date of Receipt

04 / 09 / 2015

Transaction ID : SA11.15889243

Amount of Each Receipt this Period

226800.00

CONTRIBUTION

REDESIGNATION REQUESTED (AUTOMATIC)

Full Name (Last, First, Middle Initial)

**B. MR. SHELDON G. ADELSON**

Mailing Address 410 SOUTH RAMPART BLVD., SUITE 440

City

LAS VEGAS

State

NV

Zip Code

89145-5749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE VENETIAN

Occupation

CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226800.00

Date of Receipt

04 / 09 / 2015

Transaction ID : SA11.15889242

Amount of Each Receipt this Period

226800.00

CONTRIBUTION

REDESIGNATION REQUESTED (AUTOMATIC)

Full Name (Last, First, Middle Initial)

**C. MS. GOLDA L. ADERS**

Mailing Address P.O. BOX 108

City

BRISTOW

State

IN

Zip Code

47515-0108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

04 / 06 / 2015

Transaction ID : SA11.15885196

Amount of Each Receipt this Period

35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

453635.00